PERIPHERAL RETINAL DEGENERATION IN HIGH MYOPES
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HOW TO CITE THIS ARTICLE:

ABSTRACT: AIM: Study of peripheral retinal degeneration in relation to axial length of eyeball in myopic patient. METHOD: Study of 200 eyes of 100 patients who attended our hospital between 2010-2012. Detailed history was taken in every case. Inclusion criteria were patient with age group of 11 years -70 years, Patient with myopia. Exclusion criteria were patient with photopsia, history of trauma, diabetes hypertensive and undergone RD surgeries. Vision and refraction with Streak Retinoscopy was done. Axial length was recorded by A-scan biometry. Fundoscopy was done in all cases. RESULT: In our study number of males was 54 and females were 46. Peripheral chorioretinal lesions were noted to be associated with increased axial length of eye¹,². Greater the antero-posterior ocular diameter the greater chance of peripheral chorioretinal degeneration². CONCLUSION: Examination of periphery of retina is important in all myopic cases. Lattice degenerations are most common lesions¹,³. 60% of lesions are found in superotemporal quadrant. Tendency of bilaterality⁴ is noted in all degenerations except paving stone degeneration. Prevalence of lattice degeneration is maximum in axial length between 28-30 mm⁵. KEYWORDS: Myopia-retinal degeneration.

INTRODUCTION: Myopia is one of the common refractive errors in general population. The myopic eye is predisposed to retinal detachment due to peripheral retinal changes is marked in eyes with higher axial lengths.

METHODOLOGY: Study of 200 eyes of 100 patients who attended our hospital between 2010-2012. Detail history was taken in every case.

Inclusion Criteria: Was patient with age group of 11 years -70 years, Patient with myopia.
Exclusion Criteria: Was patient with photopsia, history of trauma, diabetes hypertensive and undergone RD surgeries.

Vision and refraction with Streak Retinoscopy was done. Axial length was recorded by A-scan biometry. Fundoscopy was done in all cases.
RESULTS:

Peripheral degeneration was 42%.
Posterior chorioretinal atrophy was 14%.

Lattice degeneration was commonest, followed by white without pressure degeneration, pigmentary degeneration.
Percentage of various degenerations in males:
- Lattice degeneration: 24%
- Other degeneration: 19%
- Lattice degeneration: 15%
- Other degeneration: 3%

Percentage of various degenerations in females:
- Lattice degeneration: 30%
- WWP degeneration: 13%
- Other degeneration: 7%
- Pigmentation: 4%
Incidence of degeneration:
- Degenerations observed is more among males than females
- Lattice degeneration is common in females about 30%
- Meridional folds were observed in males only.

Quadrant distribution of peripheral degeneration:\(^\text{10}\):

<table>
<thead>
<tr>
<th>Quadrant</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>ST</td>
<td>59%</td>
</tr>
<tr>
<td>IT</td>
<td>23%</td>
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<tr>
<td>IN</td>
<td>13%</td>
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<td>SN</td>
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Conclusion: Examination of periphery of retina is important in all myopic cases.

Four retinal degeneration are most commonly associated with increased axial length. Lattice degenerations are most common lesions\(^\text{11}\).
60% of lesions are found in superotemporal quadrant. Tendency of bilaterality is noted in all degenerations except paving stone degeneration.

Prevalence of lattice degeneration is maximum in axial length between 28-30mm.

REFERENCES:

1. Tekiele BC, Semes L. The relationship among axial length and ocular fundus changes at posterior pole and in the periphery, Optometry 2002; 73(5):262.

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